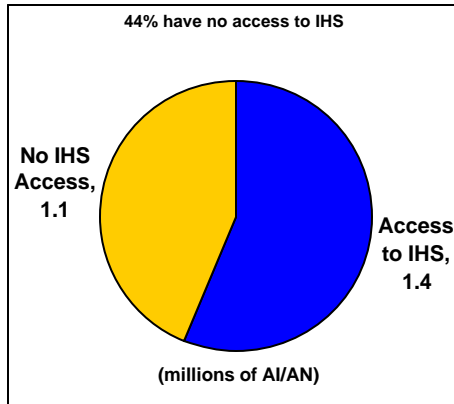
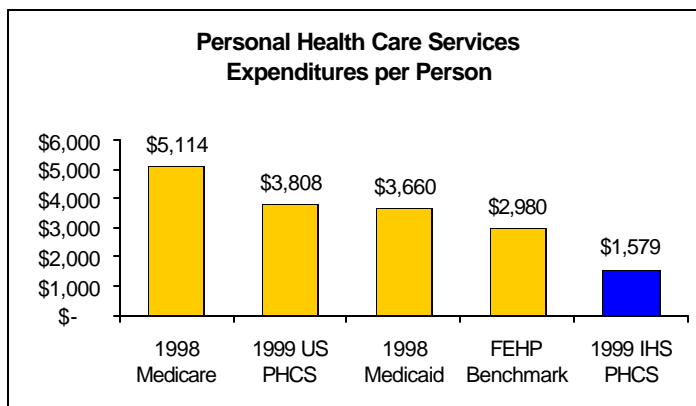
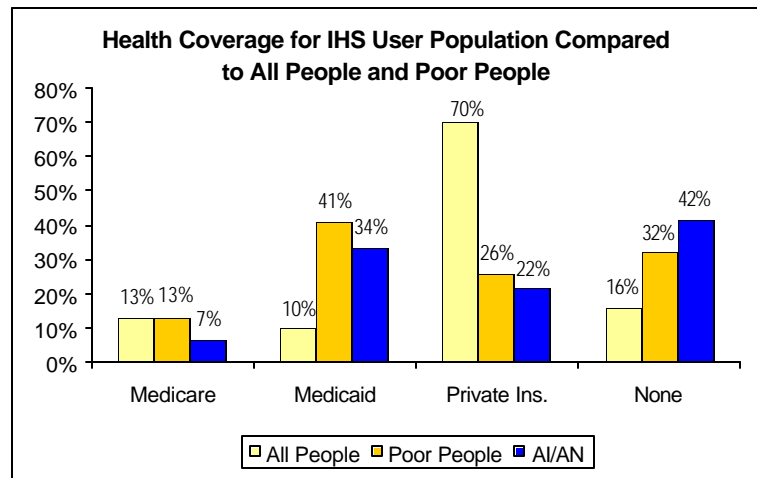


Health Coverage for American Indians and Alaska Natives



IHS does not provide health coverage for AI/ANs. Services are “discretionary” to the extent funding allows and not a personal entitlement to AI/AN. Theoretically, all members of federally recognized tribes are eligible for health care from the IHS. In practice only those living near IHS hospitals and clinics, which are located primarily in remote reservation areas, actually get services. Some health coverage statistics are known for the 1.4 million Indians who go to the IHS. Very little data exist for the other 1.1 million Indians

AI/AN have less health coverage than do “poor” Americans despite household incomes that are among the lowest. Subsistence living, high unemployment and belief in the government’s obligation to provide care based on treaties are some reasons. As many as ½ of AI/AN youth may be eligible for SCHIP, but need help to enroll and access. Even less is known about coverage for “urban” Indians.



While services from the IHS would appear to fill the health coverage gaps experienced by AI/AN, in fact low funding severely limits services from the IHS. Indian leaders describe their care as “universal, but rationed.” For those AI/AN who can get to an IHS facility, services are provided without cost but only to the extent that funding allows. When funding runs low, as it often does, patients with lesser problems often find their medical care postponed or never provided.

Discussion Items

- Share CMS eligibility data with IHS and help eliminate under-enrollment in Medicare & Medicaid and SCHIP by assisting with enrollment and access.
- Augment national surveys and studies to “over sample” AI/AN to assure critically needed data for this vulnerable group.
- Help expand a role for tribes in assessing health coverage eligibility and enrolling AI/AN where possible.